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PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/230,240
Filing Date	August 28, 2002
First Named Inventor	James T. Cash
Group Art Unit	
Examiner Name	
Attorney Docket Number	MT-129

I hereby appoint:

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Mitchell D. Bittman	27,517
Kevin S. Lemack	32,579

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

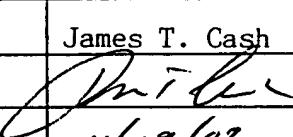
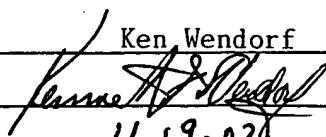
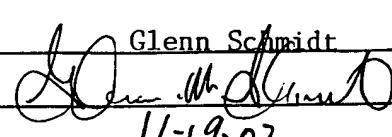
<input checked="" type="checkbox"/> Firm or Individual Name	Mitchell D. Bittman, Esq.				
Address	Sequa Corporation				
Address	Three University Plaza				
City	Hackensack	State	N.J.	Zip	07601
Country	USA				
Telephone	(201, 343-1122)	Fax	(201, 488-2014)		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	James T. Cash	Ken Wendorf	Glenn Schmidt
Signature			
Date	11/19/02	11-19-02	11-19-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

MT-129,230

First Named Inventor

James T. Cash

COMPLETE IF KNOWN

Application Number

10 / 230,240

Filing Date

August 28, 2002

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DUAL LIFT SYSTEM

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) August 28, 2002

as United States Application Number or PCT International

(if applicable).

Application Number

10/230,240

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name Mitchell D. Bittman

Address Sequa Corporation

Address Three University Plaza

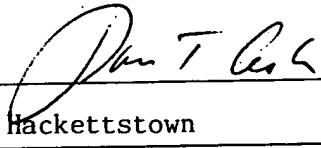
City	Hackensack	State	NJ	ZIP	07601
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Country	U.S.A.	Telephone	(201, 343-1122)	Fax	(201, 488,2014)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Given Name (first and middle [if any])	James T.	Family Name or Surname	Cash		
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Inventor's Signature	 Date 11/19/02				
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Residence: City	Hackettstown	State	NJ	Country	US	Citizenship	US
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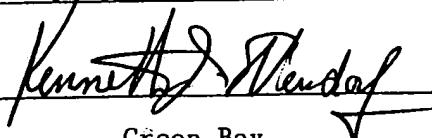
Mailing Address	621 Madison Street					
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Mailing Address

City	Hackettstown	State	NJ	ZIP	07840	Country	US
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Given Name (first and middle [if any])	Ken	Family Name or Surname	Wendorf			
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Inventor's Signature	 Date 11-19-02				
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Residence: City	Green Bay	State	WI	Country	US	Citizenship	US
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Mailing Address	1013 Neville Avenue					
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Mailing Address

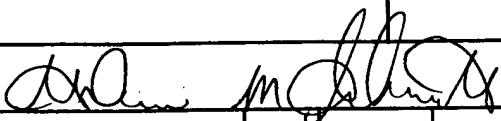
City	Green Bay	State	WI	ZIP	54303	Country	US
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						41-19-02 Date	
Residence: City	Green Bay	State	WI	Country	US	Citizenship	
Post Office Address	2223 Cumberland Drive						
Post Office Address							
City	Green Bay	State	WI	ZIP	54311	Country	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.